

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 22, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # L04000023675

1. Entity Name  
 TRES RIOS REAL ESTATE HOLDINGS, LLC



Principal Place of Business  
 5825 COLLINS AVE, UNIT 15F  
 MIAMI BEACH, FL 33140

Mailing Address  
 5825 COLLINS AVE, UNIT 15F  
 MIAMI BEACH, FL 33140



03072007 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

PORTUONDO, FERNANDO J ESQ  
 FERNANDO J. PORTUONDO, P.A.  
 2121 PONCE DE LEON BLVD, STE 600  
 CORAL GABLES, FL 33134

**DO NOT WRITE  
 IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RIOS, MARTA 5825 COLLINS AVE, UNIT 15F MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RIOS, ANDRES SR. 5825 COLLINS AVE, UNIT 15F MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RIOS, ANDRES JR. 5825 COLLINS AVE, UNIT 15F MIAMI BEACH, FL 33140
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/30/07-80061-007 50.00

**DO NOT WRITE  
 IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Andres J. Rios Sr.* Andres J. Rios Sr.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date: *3/9/07*

Daytime Phone #